

U.S. Food and Drug Administration
Export Listing Module (ELM)
Screenshots for OMB Approval
<https://www.access.fda.gov/>

Table of Contents

| | |
|--|----|
| Figure 1: Identification of Food Facility | 3 |
| Figure 2: FFR selection..... | 4 |
| Figure 3: FEI selection | 5 |
| Figure 4: DUNS selection..... | 6 |
| Figure 5: Select Product Type and Country/Region..... | 7 |
| Figure 6: Business Information | 8 |
| Figure 7: Business Information (Facility Information and Inspection Details) | 9 |
| Figure 8: Additional Documents (Optional) | 10 |
| Figure 9: Contact Information..... | 11 |
| Figure 10: Product Information..... | 12 |
| Figure 11: Product List..... | 13 |
| Figure 12: Review screen (1 of 3) | 14 |
| Figure 13: Review screen (2 of 3) | 15 |
| Figure 14: Review screen (3 of 3)..... | 16 |
| Figure 15: Signature Page | 17 |

Figure 1: Identification of Food Facility

The screenshot displays the 'Enter New Application' page within the ELM (Export Listing Module) interface. The page is part of the 'Business Information' step in a multi-step process. The header includes the U.S. Department of Health and Human Services logo and the text 'FURLS HOME'. The main header area features the FDA FURLS logo and the text 'ELM Export Listing Module'. A breadcrumb trail shows 'ELM Home > Enter New Application > Business Information'. A navigation bar contains four steps: 'Business Information' (active), 'Country/Product Information', 'Review', and 'Signature'. The main content area contains the following text: 'Facilities that manufacture, process, pack, or hold food for consumption in the U.S. must be registered in the Food Facility Registration Module in order to apply unless an exemption applies under 21 CFR 1.226.' This text is repeated twice. Below this, it asks the user to 'Please select one of the following options to identify the Manufacturer:' and provides three radio button options: 'FFR Registration', 'FEI Number', and 'DUNS Number'. At the bottom of the page, there are two buttons: '< Previous' on the left and 'Next >' on the right.

U.S. Department of Health and Human Services FURLS HOME

FDA FURLS ELM Export Listing Module

Enter New Application

ELM Home > Enter New Application > Business Information

ELM Home
Enter New Application

Business Information Country/Product Information Review Signature

Facilities that manufacture, process, pack, or hold food for consumption in the U.S. must be registered in the Food Facility Registration Module in order to apply unless an exemption applies under 21 CFR 1.226.

Facilities that manufacture, process, pack, or hold food for consumption in the U.S. must be registered in the Food Facility Registration Module in order to apply unless an exemption applies under 21 CFR 1.226.

Please select one of the following options to identify the Manufacturer:

FFR Registration

FEI Number

DUNS Number

< Previous Next >

Figure 1: FFR selection

| | | | |
|----------------------|-----------------------------|--------|-----------|
| Business Information | Country/Product Information | Review | Signature |
|----------------------|-----------------------------|--------|-----------|

Type of Facility

Facilities that manufacture, process, pack, or hold food for consumption in the U.S. must be registered in the Food Facility Registration Module in order to apply unless an exemption applies under 21 CFR 1.226.

Please select one of the following options to identify the Manufacturer:

- FFR Registration
- FEI Number
- DUNS Number

Food Facility Registration Information

Please enter the Food Facility Registration Number and PIN for the manufacturing facility. If you represent the manufacturing facility, you may access information for your registered food facilities by logging into the Food Facility Registration Module from the FURLS home page. If you do not represent the manufacturing facility, you may wish to contact the facility to request this information.

If you have any questions, you may contact the FDA Industry Systems [Help Desk](#).

FFR Registration Number

FFR PIN Number

[← Previous](#)

[Next →](#)

Figure 2: FEI selection

| | | | |
|----------------------|-----------------------------|--------|-----------|
| Business Information | Country/Product Information | Review | Signature |
|----------------------|-----------------------------|--------|-----------|

Type of Facility

Facilities that manufacture, process, pack, or hold food for consumption in the U.S. must be registered in the Food Facility Registration Module in order to apply unless an exemption applies under 21 CFR 1.226.

Please select one of the following options to identify the Manufacturer:

- FFR Registration
- FEI Number
- DUNS Number

| FEI Number | |
|------------|----------------------|
| FEI Number | <input type="text"/> |

[< Previous](#)

[Next >](#)

Figure 3: DUNS selection

| | | | |
|----------------------|-----------------------------|--------|-----------|
| Business Information | Country/Product Information | Review | Signature |
|----------------------|-----------------------------|--------|-----------|

Type of Facility

Facilities that manufacture, process, pack, or hold food for consumption in the U.S. must be registered in the Food Facility Registration Module in order to apply unless an exemption applies under 21 CFR 1.226.

Please select one of the following options to identify the Manufacturer:

- FFR Registration
- FEI Number
- DUNS Number

| DUNS Number | |
|--------------------|----------------------|
| DUNS Number | <input type="text"/> |

[< Previous](#)

[Next >](#)

Figure 4: Select Product Type and Country/Region

A Web Page

U.S. Department of Health and Human Services FURLS HOME

FDA | **ELM**
FURLS | Export Listing Module

Enter New Application

ELM Home > Enter New Application > Business Information

ELM Home
Enter New Application

Select Product and Country/Region

Product Type

Country/Region

Note: Based upon the Product Type selected, the Country/Region list will be populated.

< Previous Next >

Figure 5: Business Information

| | | | |
|----------------------|-----------------------------|--------|-----------|
| Business Information | Country/Product Information | Review | Signature |
|----------------------|-----------------------------|--------|-----------|

Business Information

Parent Company Information and Manufacturer Address are prepopulated from the Food Facility Registration Module. If you wish to update this information, you may log in to the Food Facility Registration Module from the FURLS home page.

Parent Company Information

| | | | |
|-------------------------------------|---------------------------------------|----------------------------------|--|
| Parent Company Name | <input type="text" value="Triple-i"/> | Country | <input style="border: none; background-color: #f2f2f2; cursor: pointer; text-align: right; padding-right: 5px; font-size: 0.9em; color: #666; font-weight: normal; border: 1px solid #ccc; border-radius: 2px; width: 100%;" type="text" value="UNITED STATES"/> |
| Doing Business As (Optional) | <input type="text"/> | Address Line 1 | <input type="text" value="11820 Parklawn Dr"/> |
| | | Address Line 2 (Optional) | <input type="text" value="11820"/> |
| | | ZIP or Postal Code | <input type="text" value="20852"/> |
| | | City | <input style="border: none; background-color: #f2f2f2; cursor: pointer; text-align: right; padding-right: 5px; font-size: 0.9em; color: #666; font-weight: normal; border: 1px solid #ccc; border-radius: 2px; width: 100%;" type="text" value="Rockville"/> |
| | | State or Province | <input style="border: none; background-color: #f2f2f2; cursor: pointer; text-align: right; padding-right: 5px; font-size: 0.9em; color: #666; font-weight: normal; border: 1px solid #ccc; border-radius: 2px; width: 100%;" type="text" value="Maryland"/> |

Contact Information

| | | | | | | |
|-------------------|----------------------|-----------------------|--|---|--|--|
| First Name | <input type="text"/> | Telephone | <input style="border: none; background-color: #f2f2f2; cursor: pointer; text-align: right; padding-right: 5px; font-size: 0.9em; color: #666; font-weight: normal; border: 1px solid #ccc; border-radius: 2px; width: 100%;" type="text" value="001"/> | <input style="border: none; background-color: #f2f2f2; cursor: pointer; text-align: right; padding-right: 5px; font-size: 0.9em; color: #666; font-weight: normal; border: 1px solid #ccc; border-radius: 2px; width: 100%;" type="text" value="Area"/> | <input style="border: none; background-color: #f2f2f2; cursor: pointer; text-align: right; padding-right: 5px; font-size: 0.9em; color: #666; font-weight: normal; border: 1px solid #ccc; border-radius: 2px; width: 100%;" type="text" value="Telephone"/> | <input style="border: none; background-color: #f2f2f2; cursor: pointer; text-align: right; padding-right: 5px; font-size: 0.9em; color: #666; font-weight: normal; border: 1px solid #ccc; border-radius: 2px; width: 100%;" type="text" value="Ext"/> |
| | | | Country | Area | Phone Number | Ext |
| Last Name | <input type="text"/> | Fax (Optional) | <input style="border: none; background-color: #f2f2f2; cursor: pointer; text-align: right; padding-right: 5px; font-size: 0.9em; color: #666; font-weight: normal; border: 1px solid #ccc; border-radius: 2px; width: 100%;" type="text" value="001"/> | <input style="border: none; background-color: #f2f2f2; cursor: pointer; text-align: right; padding-right: 5px; font-size: 0.9em; color: #666; font-weight: normal; border: 1px solid #ccc; border-radius: 2px; width: 100%;" type="text" value="Area"/> | <input style="border: none; background-color: #f2f2f2; cursor: pointer; text-align: right; padding-right: 5px; font-size: 0.9em; color: #666; font-weight: normal; border: 1px solid #ccc; border-radius: 2px; width: 100%;" type="text" value="Fax"/> | |
| | | | Country | Area | Fax Number | |
| Email | <input type="text"/> | | | | | |


Figure 6: Business Information (Facility Information and Inspection Details)

Facility Information for Listing

The following Facility Name and Address will be used for the Country List.

| | | | |
|--------------------------|------------------|---|---------------------------|
| Manufacturer Type | Processing Plant | Facility Street Address, Line 1 | 11820 Parklawn Dr # 11820 |
| Name for Listing | Triple-i | Facility Street Address, Line 2 (Optional) | |
| | | Zip/Postal Code | 20852 |
| | | City | Rockville |
| | | State/Territory | Maryland |

Inspection Details

| | | | |
|---|----------------------|--|--|
| Plant Identifier (FEI Number, USDA Dairy Number, IMS Number) | <input type="text"/> | Last Inspection Date (MM/DD/YYYY) | <input type="text"/>  |
| Government Agency that provided Inspection | --Please Select-- | Copy of Last Inspection Notice | <input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Upload"/> |

Allowed file types are .jpg, .jpeg, .doc, .docx, .txt, .xls, .xlsx, .pdf, .gif, and .rtf. The maximum file size is 50 MB.

[< Previous](#) [Save And Exit >](#) [Next >](#)

Figure 7: Additional Documents (Optional)

| | | | |
|----------------------|-----------------------------|--------|-----------|
| Business Information | Country/Product Information | Review | Signature |
|----------------------|-----------------------------|--------|-----------|

Additional Documents

Upload Additional Documentation (as applicable):

Allowed file types for the additional documents are .jpg, .jpeg, .doc, .docx, .txt, .xls, .xlsx, .pdf, .gif, and .rtf. The maximum file size is 50 MB.

< Previous

Save And Exit >

Next >

Figure 8: Contact Information

| | | | |
|----------------------|------------------------------------|--------|-----------|
| Business Information | Country/Product Information | Review | Signature |
|----------------------|------------------------------------|--------|-----------|

Contact Information

Email below will be the main email used for Country application notifications.

Country Chile

Autofill Main Contact Information

| Contact Information | | | |
|---------------------|-------------------------------------|-----------------------|---|
| First Name | <input type="text" value="ddjkjl"/> | Telephone | <input type="text" value="001"/> <input type="text" value="301"/> <input type="text" value="9993333"/> <input type="text" value="Ext"/> |
| | | Country | Area Phone Number Ext |
| Last Name | <input type="text" value="dkldkl"/> | Fax (Optional) | <input type="text" value="001"/> <input type="text" value="Area"/> <input type="text" value="Fax"/> |
| | | Country | Area Fax Number |
| Title | <input type="text"/> | Email | <input type="text" value="debra.steinbrink@fda.hhs.gov"/> |

[< Previous](#) [Save And Exit >](#) [Next >](#)

Figure 9: Product Information

Business Information | **Country/Product Information** | Review | Signature

Product Information

Country Chile

| | |
|--|----------------------|
| Animal Origin | --Please Select-- |
| Product | <input type="text"/> |
| Schedule B/HTS Number ? | <input type="text"/> |
| Value of Goods (Optional) ? | <input type="text"/> |
| Quantity (Optional) ? | <input type="text"/> |
| Unit Of Measure ? | --Please Select-- |
| Is this product shipping within the next two years? | --Please Select-- |



< Previous

> Next

Figure 10: Product List

Business Information **Country/Product Information** Review Signature

Product List

To edit a product, click the  icon next to the product information below.
To delete a product, click the  icon next to the product information below.



CONFIRMATION: Product has been successfully added.

Facility Details
Triple-i
11820 Parklawn Dr # 11820, Rockville, MD 20852

Country
Chile

+ Add Product

Showing 1 to 1 of 1 entries
Show entries Filter:

| Animal Origin | Product | Action |
|---------------|---------|---|
| Bovine | milk |   |

Previous 1 Next

< Previous Save And Exit > > Next

Figure 11: Review screen (1 of 3)

| | | | |
|----------------------|-----------------------------|--------|-----------|
| Business Information | Country/Product Information | Review | Signature |
|----------------------|-----------------------------|--------|-----------|

Please review the information entered for the Dairy Facility. Please select the "Edit" buttons next to each section to update. Click "Next" to submit the application.

Business Information
✎ Edit

Parent Company Name/Address Information

| | | | |
|------------------------|-------------------|-------------------------------------|---------------|
| Company Name | Triple-i | Doing Business As (Optional) | |
| Address, Line 1 | 11820 Parklawn Dr | Address, Line 2 (Optional) | 11820 |
| City | Rockville | State/Province/Territory | Maryland |
| Zip/Postal Code | 20852 | Country/Area | UNITED STATES |

Main Contact Information

| | | | |
|-------------------|------------------------------|-----------------------|-----------------|
| First Name | ddjkljl | Telephone | 001-301-9993333 |
| Last Name | dkldkl | Fax (Optional) | |
| Email | debra.steinbrink@fda.hhs.gov | | |

Facility Information for Listing

| | | | |
|--|---------------------------|---|----------|
| Manufacturer Type | Processing Plant | Name for Listing | Triple-i |
| Facility Street Address, Line 1 | 11820 Parklawn Dr # 11820 | Facility Street Address, Line 2 (Optional) | |
| City | Rockville | State/Territory | Maryland |
| Zip/Postal Code | 20852 | | |

Figure 12: Review screen (2 of 3)

Inspection Details

Plant Identifier (FEI Number, USDA Dairy Number, IMS Number)
Government Agency that provided Inspection
Last Inspection Date (MM/DD/YYYY)
Copy of Last Inspection Notice

Additional Documents

No Additional Documents uploaded.

Country/Area

[Edit](#)

| Country |
|---------|
| Chile |

Country Contact Information

[Edit](#)

| | | | |
|-------------------|--------|-----------------------|------------------------------|
| First Name | ddjkjl | Telephone | 001-301-9993333 |
| Last Name | dkldkl | Fax (Optional) | |
| Title | pm | Email | debra.steinbrink@fda.hhs.gov |

Product Information

[Edit](#)

Showing 1 to 1 of 1 entries

Show entries

Filter:

| Animal Origin | Product |
|---------------|---------|
| Bovine | milk |

[Previous](#) [1](#) [Next](#)

Figure 13: Review screen (3 of 3)

 Save And Exit >

Next >



Figure 14: Signature Page

Signature Page

As the responsible official or designee of the establishment listed on this application, I hereby certify to the United States Food and Drug Administration that the establishment and the products listed on this application are, to the best of my knowledge, in compliance with all applicable requirements of the Federal Food, Drug, and Cosmetic Act (the FD&C Act), and all applicable regulations and standards, including the following:

1. The establishment listed on this application is currently registered with the FDA, if required by the FD&C Act.
2. The products listed on this application for export are legally marketed within the United States or meet the requirements of Section 801(e)(1) of the FD&C Act.
3. The products listed on this application are not the subject of a pending judicial enforcement action (e.g., an injunction or seizure) or a pending administrative action (e.g., warning letter).
4. The products listed on this application are being exported from the United States.

The undersigned certifies that the information in this submission is complete and accurate. The undersigned understands that the information submitted is intended to assist FDA in establishing and maintaining a list of exporters. FDA considers the information on this list, which is provided voluntarily with the understanding that it will be communicated to the competent authority and posted on the Internet, to be information that is not protected from disclosure under 5 U.S.C. § 552(b)(4).

| | | | |
|--------------------------------|--|-----------------------------------|---|
| I agree | <input type="checkbox"/> | | |
| On Behalf Of (Optional) | <input type="text"/> | Address, Line 1 | <input type="text"/> |
| First Name | <input type="text"/> | Address, Line 2 (Optional) | <input type="text"/> |
| Last Name | <input type="text"/> | Zip/Postal Code | <input type="text"/> |
| Title | <input type="text"/> | City | --Please Select--  |
| Telephone | <input type="text" value="001"/> <input type="text" value="Area"/> <input type="text" value="Telephone"/> <input type="text" value="Ext"/> | State/Territory | --Please Select--  |
| Email | <input type="text"/> | Country/Area | United States |

Making or submitting false statements on any documents submitted to FDA may constitute violations of the United States Code Title 18, Chapter 47, Section 1001 with penalties including up to \$250,000 in fines and up to 5 years imprisonment.

[← Previous](#)

[✓ Submit](#)